501(c)(3) ANIMAL RESCUE ORGANIZATION ADOPTION PROGRAM APPLICATION INSTRUCTIONS

All 501(c)(3) Animal Rescue Organizations wishing to adopt animals from the Animal Control Division will first apply with the Division. The requirements for a 501(c)(3) Animal Rescue Organization are as follows:

- The Animal Rescue Organization must completely fill out the application and it is to be signed by two (2) officers of the organization.
- Provide proof they are an officer of the Animal Rescue Organization.
- Provide a copy of their IRS paperwork showing they are a 501(c)(3).
- Designate two of their members that will conduct all adoptions, providing all required information in the application.

Once the Division has received your application, it will be reviewed for proper qualifications and documentation. Notification will be sent that you are an approved adopter, or that the application was incomplete or the 501(c)(3) status cannot be confirmed and the organization may not qualify.

501(c)(3) ANIMAL RESCUE ORGANIZATION ADOPTION PROGRAM APPLICATION FORM

The Adoption Process

- On the animal's evaluation date: if it is not taken or adopted by the spcaLA, your representative can request the animal under the Division's 501(c)(3) Animal Rescue Organization Adoption Program.
- Animals that are a danger to the public will not be adopted as allowed by law.
- The adoption will be completed with the Division's staff at the time of the request.
- Complete a "501(c)(3) ADOPTION DEMAND FORM".
- Pay all fees for adoption, shots and spay or neuter of the animal.
- Provide the location that each animal being adopted is going to be housed at the time of the adoption.
- An appointment will be made to have the animal spayed or neutered (altered) at our Veterinarian. The Division will transport the animal to the veterinarian's office for the altering.
- The animal shall be picked up by the 501(c)(3) Animal Rescue Organization on the date specified after the animal has been altered. In the event the animal cannot be altered at the time of adoption for medical reasons, it will be returned on the date specified by the veterinarian for altering. Failure to alter the animal will result in the 501(c)(3) Animal Rescue Organization being excluded from adopting animals through the Division's 501(c)(3) Animal Rescue Organization Adoption Program for a period of twelve months.

Does your organization wish to be on the public list of 501(c)(3) Animal Rescue Organizations available to our customers?   ☐ Yes - ☐ No

Organization understands that an animal welfare official has the right to inspect and/or visit the foster/kennel location(s) unannounced at reasonable times. Organization certifies that all information provided is true, complete, and correct. Organization will assure the humane treatment of all animals released to it or our designee and agree to remain in compliance with local and state laws as they pertain to code compliance and humane animal care.

Further, Organization agrees to assume any and all risks of injuries, permanent or partial disability, or death and damages caused by these animals.

Organization hereby releases, waives, discharges and relinquishes the City of Long Beach, and their officers, employees, and agents from any liability, loss, damage, claim, demand, or cause of action against them attributable to the actions of these animals.

Organization agrees to hold harmless and to indemnify the City of Long Beach, and their officers, employees, and agents from any loss or claim (including reasonable attorneys' fees) in connection with the actions of the animal and to defend any claims or actions against the City of Long Beach, and their officers, employees, and agents which may arise out of the actions of this animal.

501(c)(3) ANIMAL RESCUE ORGANIZATION ADOPTION PROGRAM APPLICATION FORM

Organization Name: _____ ("Organization")

501 (c) (3) ID#: _____ (attach copy)

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____ Website: _____

Primary Contact Person: _____ Email: _____

Type of Animals Under Jurisdiction of Organization

Species/Breeds: _____

Kennel Address (where animals are housed, if different from above)

Address: _____ City: _____ State: _____ Zip: _____

Total # of Runs Indoor: _____ Outdoor: _____ Covered: _____ Uncovered: _____

How many animals are currently housed at this location: _____.

How many animals are currently housed in foster homes: _____.

How many animals are currently at other locations: _____

Specify: _____

Do you have a kennel permit to house multiple animals at this location? Yes or No

    If yes, what agency, city or county issued the permit? _____

    Permit number: _____ Expiration date: _____/_____/200__ (attach copy of permit)

Do you use Foster homes: Yes / No

If yes, list names, addresses, phone number and number of animals at each location on supplemental "Foster Home(s) / Other Housing" form.

Veterinarian Used for Animal Care

Name: _____ Clinic: _____

Address: _____ City: _____ Zip: _____

Telephone #: _____ FAX #: _____

Authorized Adopters (must show valid picture ID at pickup)

1.   Name: _____ Drivers License/ID #:_____

      Address: _____ City: _____ Zip: _____

      Telephone #: _____

2.   Name: _____ Drivers License/ID #:_____

      Address: _____ City: _____ Zip: _____

      Telephone #: _____

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IMPORTANT: THIS DOCUMENT RELIEVES THE CITY OF LONG BEACH, AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM LIABILITY FROM PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY THIS ANIMAL. I HAVE READ THIS DOCUMENT, UNDERSTAND IT, AND SIGN VOLUNTARILY.

Date_____

_____
(Signature)

_____
(Print Name)

_____
(Title)

Date_____

_____
(Signature)

_____
(Print Name)

_____
(Title)

For office use only

Date Received: Reviewed by:	Control #:	Date Reviewed:
501c3 Received:		Reference Check Completed:
Property Inspection Completed:		Results:

501(c)(3) ANIMAL RESCUE ORGANIZATION ADOPTION PROGRAM
APPLICATION FORM
SUPPLEMENTAL

Foster Home(s)/ Other Housing

NAME	STREET ADDRESS	CITY	PHONE	NUMBER OF ANIMALS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

OFFICE USE ONLY